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CONFIRMATION NO. 2685

<b>SERIAL NUMBER</b> 10/817,066	<b>FILING OR 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 301	<b>GROUP ART UNIT</b> 3617	<b>ATTORNEY DOCKET NO.</b> 047968/271920
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**APPLICANTS**  
 David T. Simpson, Covington, GA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/525,692 11/28/2003 *012 jmb*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE jmb*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 06/18/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>jmb</i> Initials	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 72	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
 44305

**TITLE**  
 Wheel spinner assembly

<b>FILING FEE RECEIVED</b> 1025	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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